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UTILITY PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

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Attorney Docket No.	36394
First Inventor	Keiichi Kobata
Title	WIRELES HEADPHONE APPAR
Evoress Mail Lahel No.	EL 981274381 US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450
1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. 3. Specification [Total Pages 12] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s)	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. Paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS
- Abstract of the Disclosure	
4. Drawing(s) (35 U.S.C. 113) [Total Sheets	tion-in-part (CIP) of prior application No.:
	DENCE ADDRESS
Customer Number: 00116	OR Correspondence address below
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Name (Print/Type) Jeffrey J. Sopkø	Registration No. (Attorney/Agent) 27676
Signature Signature	Date January 26, 2004

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CEE TO ANOMITTAL			Complete if Known						
FEE TRANSMITTAL			Application Number		er				
for EV 2004		L	Filing Date						
for FY 2004			First Named Inventor		ntor h	Keiichi Kobata			
Effective 10/01/2003. Patent fees are sub			Examiner Name				·		
Applicant claims small entity status. S	See 37 CFR 1.27		Art Unit						
TOTAL AMOUNT OF PAYMENT	(\$) 1172		Attorney Docket No.			vo.	36394		
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The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments		1812	2,520	1812	2,520	For filin	g a request for ex parte reexamination	ļ	
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to the above-identified deposit account.			440	0054			ner action		
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1201 86 2201 43 Independent claims in excess of 3				(37 ČFR 1.129(a))	
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385 For each additional invention to be	
1204 86 2204 43 ** Reissue independent claims				examined (37 CFR 1.129(b))	
over original patent	1801	770	2801	385 Request for Continued Examination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802	900 Request for expedited examination of a design application	
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SUBMITTED BY		11			(Complete (if appli	cable))
Name (Print/Type)	Jeffrey J. Sopko		ΔZI	Registration No. (Attorney/Agent) 27676	Telephone 216-	-579-1700
Signature	/ MA	k Oes	NI	3, 12,	Date Jani	uary 26, 2004

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